THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER	Medical Staff Policies and Procedures
Health Sciences Center	

NO CODE OR DNR	Primary Age Group: All Ages _X_ ___Newborns ___ Pediatrics ___ Adults ___ NA

1. PURPOSE:

1.1 It is the purpose of this policy to articulate the procedure, which should be followed when a member of the medical staff issues orders that futile, heroic, or extraordinary treatments should not be employed on behalf of a patient.

2. GENERAL CRITERIA AND PROCEDURES:

2.1 Cardio-Pulmonary Resuscitation (CPR) is unique among therapeutic modalities in that it is initiated without a physician's order when cardiac or respiratory arrest is recognized. A specific instruction is necessary is CPR is not to be initiated.

2.2 The term, "No Code" or "DNR" (do not resuscitate), refers to the suspension of the otherwise automatic initiation of CPR. It does not refer to the withholding or withdrawal of other care measures.

2.3 A "No Code" order will ordinarily be considered by the medical staff only when there is an underlying incurable medical condition or when the patient has a terminal irreversible illness or if a competent (decisionally capable) patient refuses cardio-pulmonary resuscitation.

2.4 A "No Code" or "DNR" order may be considered when a patient's physician feels that CPR is not medically indicated. Before the order is written, the patient if competent, must be consulted. It the patient has been determined to lack the capacity to make medical decisions, the patient's guardian, agent or

surrogate decision-maker pursuant to the New Mexico Uniform Health Care Decisions Act will be consulted. If an adult, their guardian, agent or surrogate or an emancipated minor or unemancipated minor patient who lacks the capacity, disagrees, the order will not be written. In all cases, the wishes of patient with decisional capacity or the parent or the legal guardian of a minor patient will be respected. (See Policy and Procedure 19Ad, Patient Self Determination Act for detailed discussion). The wishes of the immediate family should be considered in arriving at the decision. If desired, a member of the Bio-Ethics Committee can be contacted to facilitate discussion and decision making regarding individual patients and DNR orders. If the patient lacks capacity and a living will or advance directive exists regarding these issues, the instructions in these documents must be followed unless directed care is considered futile. If the healthcare provider cannot, because of conscience, follow the directives, the patient's care must **be transferred,** according to the requirements of the New Mexico Uniform Health Care Decisions Act.

2.5 The attending physician must write and sign the order on the Physician Order Sheet (or the house officer with the approval of the attending physician after discussion). The circumstances surrounding the "No Code" order will be documented in the progress notes by the attending physician (or house officer with the approval of the attending physician after discussion). Documentation must include but not be limited to:

(a) A summary of the medical situation.
(b) The outcome of consultation with other physicians, if indicated.
(c) A statement summarizing the disclosure of information and outcome of consultations with patient, guardian, agent or surrogate decision-maker.

2.6 The "No Code" order will expire at the end of a 72-hour period unless specifically renewed by the attending (or the house officer with the re-approval of the attending physician) in writing. The nursing staff will appropriately flag the chart to indicate that the "No Code" order will expire within 24 hours.

2.7 Every necessary measure will be taken to relieve the patient's suffering and to maintain the patient's comfort.

2.8 CPR will be initiated automatically if there is no written and signed <u>active</u> "No Code" or "DNR" order in effect on the order sheet.

3. DEFINITIONS:

3.1 For the purpose of this policy , the term "Do Not Resuscitate" or "No Code" shall mean that in the case of a cardio-pulmonary arrest, none of following interventions shall be instituted:

(a) CPR
(b) Defibrillation/Countershock
(c) Mechanical Ventilation
(d) Endotracheal Intubation
(e) Bag-Mask Ventilation
(f) Intravenous or Intracardiac Vasoactive Drugs
(g) Antiarrhythmic

3.2 Should there be medical indications and an agreement by the physicians attending a patient that a limited or less than full resuscitative effort should be made in the event of the patient having a cardio-pulmonary arrest (as opposed to no resuscitative efforts), then the term "DNR" or "No Code" should not be used. Instead, order should be written to indicate specific interventions to be used or not to be used in the event of cardio-pulmonary arrest. Example: A patient with severe C.O.P.D. agrees with the physician that in the event of a cardio-pulmonary arrest, all resuscitative measures will be performed as needed except for endotracheal intubation and the use of a mechanical ventilator (See attachement A for a suggested Resuscitation Order Sheet).

3.4 This "No Code" or "DNR" policy should not be construed to mean that the therapeutic interventions listed in b through g above should not or could not be used in the routine care of a patient exclusive of a cardio-pulmonary arrest. (Example: A "No Code" order has been written for a patient. The patient develops a cardiac arrhythmia which does not cause cardio-pulmonary arrest but which should be treated. The presence of the "No Code" order does not preclude the administration of an antiarrhythmic drug or cardio-version therapy).

4. OTHER CONSIDERATIONS:

4.1 Nursing personnel will not accept verbal orders for DNR or No Code.

4.2 It is the responsibility of the patient's attending physician (or house officer with the approval of the attending physician) to inform the patient and family members or guardian, agent or surrogate, of the diagnosis of an irremediable condition and to document the DNR order in writing.

4.3 The attending physician or house officer, with the approval of the attending physician, is responsible for informing others who are responsible for the care of the patient about the decision not to resuscitate.

4.4 If the patient is determined to be decisionally incapacitated, any advance directive (e.g. Living Will, Durable power of Attorney) shall be give effect. If the provider disagrees with the terms of the patient's advance directive, HSC Legal Counsel for Clinical Affairs must be contacted. See Living

Will/Advance Directives Policy (15TX) in Medical Staff Policies-in the event the patient has a "Living Will" document.

ATTACHMENT: RESUSCITATION ORDER SHEET

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Development Date: July 1985
Developed By: Associate Dean for Clinical Affairs
Revised Date: 1992; 1994; 5/99
Reviewed By: Associate Dean for Clinical Affairs
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Approved Date: May 18, 1999

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